

TOWN OF FREETOWN

SIGN ON SHEET

New Structures: Residential & Non Residential

Date _____

OWNER'S NAME: _____

ADDRESS: _____

ADDRESS OF PROJECT: _____

TYPE OF WORK PROPOSED: _____

CONTACT PERSON: _____

Take this form to the Departments listed below for their approval

Planning Board – Covenant Lot Release

Signature _____ date _____

Conservation Commission - Septic/ site plan approval

Signature _____ date _____

Tax Collector – To determine if taxes are owed

Signature _____ date _____

Board of Health – Septic/ site plan approval

Signature _____ date _____

Sewer Commission- Sewer tie in

Signature _____ date _____

Building Department-(submit application, building plans & plot plan)

Signature _____ date _____

Water Commission- (water available)

_____ date _____

Return to Building Department after all signatures are received. Date returned _____

**TOWN OF FREETOWN
STEPS TO OBTAINING A BUILDING PERMIT**

1. Lot must meet by-law requirement of 175 feet of frontage with a minimum of 70,000 square feet of area, of which 52,000 square feet must be determined to be non-wetlands area; or the lot must qualify as a Grandfathered lot under Chapter 40A (The Zoning Act) of the Massachusetts General Law.
2. A percolation test must be performed by a registered professional engineer and must achieve satisfactory results. The percolation test must be witnessed by the Freetown Board of Health or it's Agent.
3. If work is to be performed within 100 feet of wetlands or a watercourse, a "Request for Determination" must be filed with the Freetown Conservation Commission.
4. A septic system must be designed for the type of building that will be constructed on the lot. A design must also show location of proposed structure.
5. Obtain a "Sign off Sheet" at the Building and Health Dept. Bring "Sign off Sheet" and 2 engineered Septic Plans to the Conservation Commission or 2 Site Plans (only if Sewer) to the Conservation Commission to be approved. Then, bring the Conservation Approved Septic Plans to Health Department or Conservation Approved Site Plans to Building Department along with the completed "Sign off Sheet" to then be approved by the Health/Building Department.
6. Once the Septic System design or Site Plan (only if sewer) has been approved by the Board of Health/Building Department, a well driller, who shall be licensed by the Commonwealth of Massachusetts, must draw a permit from the Health Dept. to install the well.
7. A satisfactory (original) well water report must be submitted by the well driller along with a water test analysis performed by an approved laboratory.
8. Two sets of building plans, drawn substantially to scale, must be submitted along with a building application, workers compensation insurance affidavit, and Notice to Tax Collector must be completed in full. Obtain these forms at Building Dept.
9. If the building is to be used for commercial purpose, the building plans must be stamped and signed by an architect or registered engineer.
10. If any type of trusses are to be used, engineering data from the manufacturer must also be submitted.
11. Once the building permit has been issued, and the foundation has been installed and tarred, an Asbuilt Foundation Plan drawn by a surveyor or engineer **must** be submitted to the building dept. **prior to framing.**
12. See attached sheet for required inspections to be done. The applicant is responsible to have the proper inspector notified when each component is ready for inspection.



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

FOR
MUNICIPALITY
USE
Revised Mar 2011

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Building Official (Print Name) _____ Signature _____ Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address:

1.1a Is this an accepted street? yes _____ no _____

1.2 Assessors Map & Parcel Numbers

Map Number _____ Parcel Number _____

1.3 Zoning Information:

Zoning District _____ Proposed Use _____

1.4 Property Dimensions:

Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L c. 40, §54)

Public ☐ Private ☐

1.7 Flood Zone Information:

Zone: _____ Outside Flood Zone?
Check if yes ☐

1.8 Sewage Disposal System:

Municipal ☐ On site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____ City, State, ZIP _____

No. and Street _____ Telephone _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction ☐ Existing Building ☐ Owner-Occupied ☐ Repairs(s) ☐ Alteration(s) ☐ Addition ☐

Demolition ☐ Accessory Bldg. ☐ Number of Units _____ Other ☐ Specify: _____

Brief Description of Proposed Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder _____ No. and Street _____ City/Town, State, ZIP _____ Telephone _____ Email address _____	License Number _____ Expiration Date _____ List CSL Type (see below) _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Type</th> <th>Description</th> </tr> <tr> <td>U</td> <td>Unrestricted (Buildings up to 35,000 cu. ft.)</td> </tr> <tr> <td>R</td> <td>Restricted 1&2 Family Dwelling</td> </tr> <tr> <td>M</td> <td>Masonry</td> </tr> <tr> <td>RC</td> <td>Roofing Covering</td> </tr> <tr> <td>WS</td> <td>Window and Siding</td> </tr> <tr> <td>SF</td> <td>Solid Fuel Burning Appliances</td> </tr> <tr> <td>I</td> <td>Insulation</td> </tr> <tr> <td>D</td> <td>Demolition</td> </tr> </table>	Type	Description	U	Unrestricted (Buildings up to 35,000 cu. ft.)	R	Restricted 1&2 Family Dwelling	M	Masonry	RC	Roofing Covering	WS	Window and Siding	SF	Solid Fuel Burning Appliances	I	Insulation	D	Demolition
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D	Demolition																		

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____ No. and Street _____ City/Town, State, ZIP _____ Telephone _____	HIC Registration Number _____ Expiration Date _____ Email address _____
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SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? Yes ☐ No ☐

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, as Owner of the subject property, hereby authorize _____
to act on my behalf, in all matters relative to work authorized by this building permit application.

Print Owner's Name (Electronic Signature) _____ Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Print Owner's or Authorized Agent's Name (Electronic Signature) _____ Date _____

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____	(including garage, finished basement/attics, decks or porch)
Gross living area (sq. ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.]†
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
6. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

†Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

REQUIRED INSPECTIONS

BUILDING OFFICIAL

- Foundation: Must be coated from grade to footings. An As-built Foundation plan must be submitted for new houses and commercial building prior to the start of framing.
- Sheathing: Nailing inspection. Exterior wall plywood must be nailed as shown on the plan checklist.
- Frame: Before insulation, must have rough wiring and plumbing, gas and mechanical inspected before this will be scheduled.
- Insulation: Before drywall is installed.
- Fireplace/Smoke Chamber: Must be inspected before the first flue liner is set.
- Mechanical: Air Duct sealing/ leakage will be checked at rough Frame. Duct tightness test/Air Leak testing required prior rough frame inspection.
- Occupancy: House numbers must be placed on the house or mailbox so that they are visible from the roadway. All Final Building Electrical, Plumbing, Gas Mechanical inspections must be completed. Foundation and Septic As-Built must be on file. Occupancy will be issued when all of the above steps have been completed.

HEALTH AGENT

Septic: Installer licensed by the Town Of Freetown must obtain Disposal System Construction permit.

1. First Inspection –open Hole
2. Second Inspection- Final –upon completion of system and before backfilling.
3. Third inspection Final Grading -Required on raised systems and at the discretion of the Health Agent.

ELECTRIC WIRING, PLUMBING AND GAS INSPECTIONS

- Wiring Inspection: Call 508-644-2202 Ext#3 for a Rough and Final inspection. When calling in an inspection request you must have the Permit #.
- Plumbing Inspections: Rough and Final by the Town of Freetown Plumbing inspector call 508-509-7525 between 7:00 and 8:00 AM to schedule your inspection.

DEBRIS DISPOSAL FORM

In accordance with the provisions of MGL c 40, S 54, a condition of Building Permit Number _____ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, S 150A.

The debris will be disposed of in:

LOCATION OF FACILITY

Signature of Applicant

Date

=====

AFFIDAVIT

As a result of the provisions of MGL c 40, S 54, I acknowledge that as a condition of Building Permit Number _____ all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c 111, S 150A.

I certify that I will notify the Building Official by _____ (two months maximum) of the location of the solid waste disposal facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

Date

Signature of Permit Applicant

(PRINT OR TYPE THE FOLLOWING INFORMATION)

Name of Permit Applicant

Firm Name, if any

TOWN OF FREETOWN

NOTICE TO TAX COLLECTOR

To: Treasurer/Tax Collector

Town of Freetown

3 North Main St.

Assonet MA 02702

From: Building Department

Address of location for permit use.

Date: _____

Please inform this department, as to whether or not the following property owner/applicant owes the Town of Freetown any outstanding taxes and /or municipal charges that remain unpaid for more than one year.

Name of Applicant

Address of Applicant

Name of Property Owner

Address of location Permit use

Please stop at the Assessor's Office for the map and lot #'s.

Map _____ Lot _____

To be filled out by Tax Collector Department.

DOES PROPERTY OWNER APPLICANT OWE TAXES/MUNICIPAL CHARGES FOR MORE THAN ONE YEAR?

Signed by Tax Collector _____ (Yes or No)